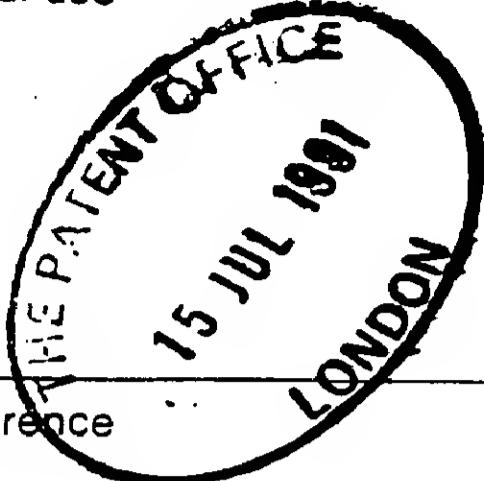


for official use



Your reference

15 JUL 1991

15 JUL 1991 #00409454 PAT 1 77 UC 15.00

9115284.3

Notes

Please type, or write in dark ink using CAPITAL letters. A prescribed fee is payable for a request for grant of a patent. For details, please contact the Patent Office (telephone 071-829 6910).

Rule 16 of the Patents Rules 1990 is the main rule governing the completion and filing of this form.

(*) Do not give trading styles, for example, 'Trading as XYZ company', nationality or former names, for example, 'formerly (known as) ABC Ltd' as these are not required.

NUMBERED OUT
OF SEQUENCE
DATE 15.7.91

Warning

After an application for a Patent has been filed, the Comptroller of the Patent Office will consider whether publication or communication of the invention should be prohibited or restricted under Section 22 of the Patents Act 1977 and will inform the applicant if such prohibition or restriction is necessary. Applicants resident in the United Kingdom are also reminded that under Section 23, applications may not be filed abroad without written permission unless an application has been filed not less than 6 weeks previously in the United Kingdom for a patent for the same invention and either no direction prohibiting publication or communication has been given, or any such direction revoked.

The
**Patent
Office**

Request for grant of a Patent Form 1/77

Patents Act 1977

① Title of invention

1 Please give the title **PRODUCTION OF ANTIBODIES** of the invention

② Applicant's details

First or only applicant

2a If you are applying as a corporate body please give:

Corporate name

THE WELLCOME FOUNDATION LIMITED

Country (and State
of incorporation, if
appropriate)

ENGLAND

2b If you are applying as an individual or one of a partnership please give in full:

Surname

Forenames

2c In all cases, please give the following details:

Address **UNICORN HOUSE
160 EUSTON ROAD
LONDON
NW1 2BP**

UK postcode
(if applicable) **NW1 2BP**

Country **ENGLAND**

ADP number
(if known)

1693005 JG

2d, 2e and 2f: If there are further applicants please provide details on a separate sheet of paper.

<input type="checkbox"/> Second applicant (if any)	2d If you are applying as a corporate body please give: Corporate name Country (and State of incorporation, if appropriate)
2e If you are applying as an individual or one of a partnership please give in full: Surname Forenames	
2f In all cases, please give the following details: Address UK postcode (if applicable) Country ADP number (if known)	

④ An address for service in the United Kingdom must be supplied

Please mark correct box

④ Address for service details

3a Have you appointed an agent to deal with your application?

Yes No **go to 3b**

please give details below

Agent's name **MR. M.J. STOTT**

Agent's address **THE WELLCOME FOUNDATION LIMITED
LANGLEY COURT
SOUTH EDEN PARK ROAD
BECKENHAM
KENT
BR3 3BS**

Postcode **BR3 3BS**

Agent's ADP
number

1337567003 JG

3b: If you have appointed an agent, all correspondence concerning your application will be sent to the agent's United Kingdom address.

3b If you have not appointed an agent please give a name and address in the United Kingdom to which all correspondence will be sent:

Name

Address

Postcode

Daytime telephone
number (if available)

ADP number
(if known)

④ Reference number

4 Agent's or
applicant's reference
number (if applicable)

QP91069

⑤ Claiming an earlier application date

5 Are you claiming that this application be treated as having been filed on the date of filing of an earlier application?

Please mark correct box

Yes No **go to 6**

please give details below

number of earlier
application or patent
number

filing date

(day month year)

and the Section of the Patents Act 1977 under which you are claiming:

15(4) (Divisional) 8(3) 12(6) 37(4)

Please mark correct box

⑥ If you are declaring priority from a PCT Application please enter 'PCT' as the country and enter the country code (for example, GB) as part of the application number.

Please give the date in all number format, for example, 31/05/90 for 31 May 1990.

⑥ Declaration of priority

6 If you are declaring priority from previous application(s), please give:

Country of filing	Priority application number (if known)	Filing date (day, month, year)

7 The answer must be 'No' if:
● any applicant is not an inventor
● there is an inventor who is not an applicant, or
● any applicant is a corporate body.

8 Please supply duplicates of claim(s), abstract, description and drawing(s).

Please mark correct box(es)

7 Inventorship

7 Are you (the applicant or applicants) the sole inventor or the joint inventors?

Please mark correct box

Yes No A Statement of Inventorship on Patents Form 7/77 will need to be filed (see Rule 15).

8 Checklist

8a Please fill in the number of sheets for each of the following types of document contained in this application.

Continuation sheets for this Patents Form 1/77 0

Claim(s) 0

Description 26

Abstract 0

Drawing(s) 5

8b Which of the following documents also accompanies the application?

Priority documents (please state how many)

Translation(s) of Priority documents (please state how many)

Patents Form 7/77 – Statement of Inventorship and Right to Grant (please state how many)

Patents Form 9/77 – Preliminary Examination/Search

Patents Form 10/77 – Request for Substantive Examination

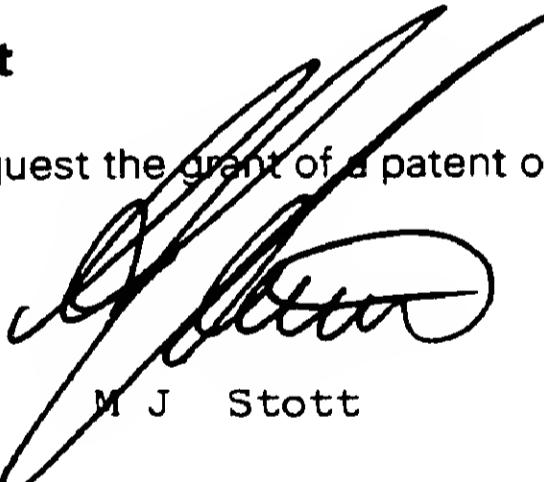
9 You or your appointed agent (see Rule 90 of the Patents Rules 1990) must sign this request.

Please sign here ➡

9 Request

I/We request the grant of a patent on the basis of this application.

Signed



M. J. Stott

Date

1 / 8 / 91
(day month year)

A completed fee sheet should preferably accompany the fee.

Please return the completed form, attachments and duplicates where requested, together with the prescribed fee to:

**The Comptroller
The Patent Office
State House
66-71 High Holborn
London
WC1R 4TP**

7 The answer must be 'No' if:
● any applicant is not an inventor
● there is an inventor who is not an applicant, or
● any applicant is a corporate body.

8 Please supply duplicates of claim(s), abstract, description and drawing(s).

Please mark correct box(es)

9 You or your appointed agent (see Rule 90 of the Patents Rules 1990) must sign this request.

Please sign here ➡

A completed fee sheet should preferably accompany the fee.

7 Inventorship

7 Are you (the applicant or applicants) the sole inventor or the joint inventors?

Please mark correct box

Yes No ➡ A Statement of Inventorship on Patents Form 7/77 will need to be filed (see Rule 15).

8 Checklist

8a Please fill in the number of sheets for each of the following types of document contained in this application.



Continuation sheets for this Patents Form 1/77

0

Claim(s)

0

Description

32

Abstract

0

Drawing(s)

25

8b Which of the following documents also accompanies the application?

Priority documents (please state how many)

Translation(s) of Priority documents (please state how many)

Patents Form 7/77 – Statement of Inventorship and Right to Grant (please state how many)

Patents Form 9/77 – Preliminary Examination/Search

Patents Form 10/77 – Request for Substantive Examination

9 Request

I/We request the grant of a patent on the basis of this application.

Signed

Nicola - Munton

Date 23 March 1992

(day month year)

Nicola Jane Baker-Munton

Please return the completed form, attachments and duplicates where requested, together with the prescribed fee to:

**The Comptroller
The Patent Office
State House
66–71 High Holborn
London
WC1R 4TP**

① Reference number

4 Agent's or applicant's reference number (if applicable)

② Claiming an earlier application date

5 Are you claiming that this application be treated as having been filed on the date of filing of an earlier application?

Yes No **go to 6**

please give details below

number of earlier application or patent number

filing date

(day month year)

and the Section of the Patents Act 1977 under which you are claiming:

15(4) (Divisional) 8(3) 12(6) 37(4)

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of incorporation, if
appropriate)

2e If you are applying as an individual or one of a partnership please give in full:
Surname
Forenames

2f In all cases, please give the following details:

Address

UK postcode
(if applicable)

Country

ADP number
(if known)

⊕ An address for service in the United Kingdom must be supplied

Please mark correct box

⊕ Address for service details

3a Have you appointed an agent to deal with your application?

Yes No

please give details below

Agent's name

NICOLA JANE BAKER-MUNTON

Agent's address

THE WELLCOME RESEARCH LABORATORIES
LANGLEY COURT, BECKENHAM
KENT BR3 3BS, UNITED KINGDOM

Postcode BR3 3BS

Agent's ADP
number

6026165001 5B

3b: If you have appointed an agent, all correspondence concerning your application will be sent to the agent's United Kingdom address.

3b If you have not appointed an agent please give a name and address in the United Kingdom to which all correspondence will be sent:

Name

- Address

Postcode

Daytime telephone
number (if available)

ADP number
(if known)